

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	Fibroblast Growth Factor-14
Attorney Docket Number::	PF176P1C1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Ralph
Family Name::	Alderson
City of Residence::	Gaithersburg
State or Province of Residence::	MD
Country of Residence::	US
Street of mailing address::	12125 Orchard View Road
City of mailing address::	Gaithersburg
State or Province of mailing address::	MD
Postal or Zip Code of mailing address::	20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Family Name:: Melder
City of Residence:: Boyds
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 14407 Saturn Way
City of mailing address:: Boyds
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20841

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: D.
Middle Name:: Roxanne
Family Name:: Duan
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 317 Tannery Drive
City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: M.

Family Name:: Greene
City of Residence:: Gaithersburg
State or Province of Residence:: MD
Country of Residence:: US
Street of mailing address:: 872 Diamond Drive
City of mailing address:: Gaithersburg
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name:: J.
Family Name:: Dillon
City of Residence:: Carlsbad
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1055 Snipe Court
City of mailing address:: Carlsbad
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92009

Correspondence Information

Correspondence Customer Number:: 22195

Representative Information

Representative Customer Number:: 22195

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/573,362	05/17/00
09/573,362	Non-Provisional of	60/135,166	05/20/99
09/573,362	Continuation-in-Part of	08/462,159	06/05/95

Assignee Information

Assignee name:: Human Genome Sciences, Inc.
Street of mailing address:: 9410 Key West Avenue
City of mailing address:: Rockville
State or Province of mailing address:: MD
Postal or Zip Code of mailing address:: 20850